

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23134**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>IOWA</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>EXCELSIOR SPRINGS</b> township) c. LENGTH OF STAY (in this place) <b>12 DYS</b>		c. CITY OR TOWN <b>WINFIELD</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BALL CLINIC INC.</b>		STREET ADDRESS (If rural, give location) <b>No Street Number</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CLAUDE</b> b. (Middle) <b>LEANDER</b> c. (Last) <b>REW</b>			4. DATE OF DEATH <b>JUNE 27, 1956</b> (Month) (Day) (Year)
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>October 22, 1889 66</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>No</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Laborer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Near Lamoni Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Osmer Rew</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Johnson</b>	14. NAME OF HUSBAND OR WIFE <b>#####</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>483-05-1516</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr Clarence Rew- 419 N Topping</b>	ADDRESS <b>Kansas City MO.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Adrenocortical Insufficiency</b>	INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Stress from Bronchial Asthma</b>	<b>2 years</b>
	<b>Uric Acid Diathesis.-</b> DUE TO (c) <b>Spondylitis deformans.-</b>	<b>5 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>		<b>10 years</b>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4500</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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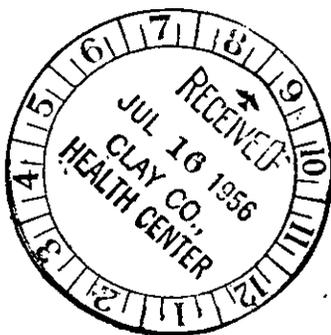
22. I hereby certify that I attended the deceased from June 23, 1956, to June 27, 1956, that I last saw the deceased alive on June 26, 1956 and that death occurred at 2.15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Kurt K. Parrhysius, M.D.</b>	23b. ADDRESS <b>Springs, Mo. 210 E Broadway, Excelsior</b>	23c. DATE SIGNED <b>6-27-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 29 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lamoni Iowa</b>
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DATE REC'D BY LOCAL REG. <b>7/3/56</b>	REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hope funeral Home</b>	ADDRESS <b>EX. Spgs. MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



117-2-24

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *James A. Mole*

Licensed Embalmer No. *320*

P. O. Address *Ex. Spr...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.